

## EXHIBIT D

### Part 6

5 -7

Edward F. Herlihy  
31 Shore Acres Road  
South Dartmouth MA 02748

Phone: 508 994-0328  
Email: tjher@comcast.net

My Rollover IRA account at Westport National Bank (WNB) # 6900 1049 308 was invested with Bernard L Madoff Investment Securities (BLMIS.) I was not aware that my account was part of the joint account at WNB 1-W016-3-0.

My relationship with BLMIS was through Robert L. Silverman PSCC, 1175 Post Road East, Westport, CT.

Documents enclosed with the Customer Claim Form include:

- A. Statement by WNB about funds held in the omnibus account 1-W0106-3-0.
- B. Final account statement for the WNB account prepared by BLMIS identifying all the security positions as of 11/30/08.
- C. Purchase and Sales confirmations from BLMIS showing trades for securities identified on the final BLMIS statement.
- D. Account Statement prepared by WNB that specifically identifies my interest in the investments identified in the final BLMIS statement. My interest calculates out to be \$2,552,487.58.
- E. Copies of statements from
  - a. Pension fund summary statements prepared by plan administrator – Robert L. Silverman, PSCC showing BLMIS fund at Westport Bank and Trust (W B & T) Account #40057972 from 1987 – 1991.
  - b. IRA Rollover accounts at
    - i. W B & T – 1061002072 – from 1993 – 1998

ii. WNB - 69001049300 from 1999 - 2007.

c. Example of letter regularly received from PSCC describing status of the Westport National Bank assets in my IRA account.

F. Listing of deposits and withdrawals as tabulated by PSCC.

note: From 1986 - 1993, the funds placed in the W B & T were sent directly by my pension plan. I have not been able to obtain further documentation except that supplied by PSCC, the Administrator at this time.

7- 7

2007 0220 0001 4546 2774

**RECEIVE THIS SECTION ON DELIVERY**

**A. Signature** *Tracy* **B. Received by (Printed Name)** **C. Date of Delivery**

**D. Is delivery address different from item 1?  Yes  No**  
If YES, enter delivery address below:  
**RECEIVED**  
**FEB 23 2011**

**A. Signature** *Tracy* **B. Received by (Printed Name)** **C. Date of Delivery**

**D. Is delivery address different from item 1?  Yes  No**  
If YES, enter delivery address below:  
**RECEIVED**  
**FEB 23 2011**

**3. Service Type**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

**4. Restricted Delivery? (Extra Fee)  Yes**

2. Article Number  
(Transfer from service label) 7007 0220 0001 4546 2774

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



• Sender: Please print your name, address, and ZIP+4 in this box \*

*Edward F. Herlihy  
31 Shore Acres Road  
So Dartmouth MA  
02748*

1554

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**CUSTOMER CLAIM**

ESTIMATED CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 508-990-3575

HOME: 508-994-9814

Taxpayer I.D. Number (Social Security No.)  
\_\_\_\_\_

Account Number: 1W0106  
WESTPORT NATIONAL BANK  
ATTN: DENNIS P CLARK V.P  
1495 POST ROAD EAST  
WESTPORT, CT 06880

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

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1. Claim for money balances as of December 11, 2008:
  - a. The Broker owes me a Credit (Cr.) Balance of \$ 326,762.81
  - b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_

c. If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC." If you wish to make a payment, it must be enclosed with this claim form.

d. If balance is zero, insert "None."

\$ \_\_\_\_\_

IN THE ALTERNATIVE,

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

	<u>YES</u>	<u>NO</u>
a. The Broker owes me securities	<u>X</u>	_____
b. I owe the Broker securities	_____	<u>X</u>
c. If yes to either, please list below:	_____	

<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>Number of Shares or Face Amount of Bonds</u>	
		<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
_____	1147.4622 units Westport National Bank Custodian BLM	_____	_____
_____	Account No.: 1-W0106-3-0	_____	_____
_____	See Statement Attached	_____	_____
_____	Total value \$326,762.84 as of 11-30-2008	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

WESTPORT NATIONAL BANK  
as Custodian  
BLMIS Account # 1-W0106-3-0

## INDIVIDUAL ACCOUNT STATEMENT

DATE 11/30/08

WNB Account #	69 00 1060 3 00
Account Name	SHIRLEY L KOZIK IRA
# of Units	1147.4622
% share of total units	0.005590
Name of Security	No of Securities (Note 1)
AT & T	480.8516
Abbott Labs	127.9916
Altria Group	167.9889
Amgen Inc.	87.9942
Apple Inc.	71.9953
Bank of America	413.1216
Bank of NY Mellon	94.0707
Baxter Int'l	50.3615
Boeing	56.5721
Bristol Myers Squibb	162.3541
CVS Caremark	118.0691
Chevron Corp.	170.3536
Cisco Systems	483.1939
CITI Group	448.3450
Coca Cola	162.3541
Colgate Palmolive	4.6398
Comcast Corp, CL A	237.1332
Conoco Phillips	126.0686
Walt Disney	154.7739
Exelon Corp.	6.4957
Exxon Mobile Corp	430.0486
General Electric	859.6108
Goldman Sacchs Group	30.6507
Google	15.9989
Hewlett Packard	202.3515

WESTPORT NATIONAL BANK  
as Custodian  
BLMIS Account # 1-W0106-3-0

## INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #	69 00 1060 3 00
Account Name	SHIRLEY L KOZIK IRA
Home Depot	141.1396
Intel Corp.	459.7042
Int'l Business Machines	111.9926
J.P. Morgan Chase	303.9800
Johnson Johnson	230.0617
Kraft Foods	125.1406
McDonalds Corp.	93.1427
Medtronic	94.0707
Merck	175.9884
Microsoft Corp.	645.1064
Occidental Petro	70.0723
Oracle Corp.	325.1274
PepsiCo Inc.	127.9916
Pfizer Inc.	554.7699
Phillip Morris	170.7728
Proctor & Gamble	247.0557
Qualcomm Inc.	135.9910
Schlumberger	98.3583
3M Company	55.9963
Time Warner	34.3346
U S Bancorp	143.9905
United Parcel SVC ClassB	79.9947
United Tech. Corp.	79.9947
Verizon Comm.	232.4263
Wal Mart. Stores	183.9879
Wells Fargo	276.6219
W-eth	12.9915

WESTPORT NATIONAL BANK  
as Custodian  
BLMIS Account # 1 W0106-3-0

INDIVIDUAL ACCOUNT STATEMENT

DATE: 11/30/08

WNB Account #	69 00 1060 3 00
Account Name	SHIRLEY L KOZIK IRA
Fidelity Spartan Money Market	147.6297
S & P100 Index Dec 430 Call	7.0715
S & P100 Index Dec 420 Put	7.0715
S & P 100 Index Dec 380Call	0.9280
S & P 100 Index Dec 380Call	0.9280
Note 1: The transactions giving rise to the Number of Securities are detailed in the Final BLMIS Statement delivered to WNB.	

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. X

Please list the full name and address of anyone assisting you in the preparation of this claim form: Joseph E. Perry, Esq.,  
100 Eighth Street, New Bedford, MA 02740

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date Feb 27, 2009

Signature Shirley L. Kzik

Date \_\_\_\_\_

Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

8. Robert L. Silverman  
PSCC Service, Inc.  
1175 Post Road East  
Westport CT 06880  
203-226-4238

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: Richard E. Layton, Richard E. Layton Rollover IRA  
Mailing Address: 901 Dulaney Road, Dulaney Center II, Suite 101  
City: Towson State: Maryland Zip: 21204  
Account No.: 1-W0106-3-0 (Westport National Bank)  
Taxpayer I.D. Number (Social Security No.): \_\_\_\_\_

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

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**1. Claim for money balances as of December 11, 2008:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, **it must be enclosed**  
with this claim form. \$ \_\_\_\_\_
- d. If balance is zero, insert "None." \_\_\_\_\_

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

YES NO

a. The Broker owes me securities  \$744,371.78

b. I owe the Broker securities

c. If yes to either, please list below:

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
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Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	<hr/>	X
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	<hr/>	X
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	<hr/>	X
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	<hr/>	X
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	<hr/>	X
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	<hr/>	X
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.	<hr/>	X

Please list the full name and address of anyone assisting you in the preparation of this claim form: Deborah Clark-Weintraub, Whatley Drake & Kallas, LLC, 1540 Broadway, 37th Floor, New York, New York 10036

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date February 18, 2009 Signature Richard E. Taylor

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: Suzanne Layton, Suzanne Layton IRA  
Mailing Address: 2314 Mellow Court  
City: Baltimore State: Maryland Zip: 21209  
Account No.: 1-W0106-3-0 (Westport National Bank)  
Taxpayer I.D. Number (Social Security No.): \_\_\_\_\_

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1. Claim for money balances as of **December 11, 2008**:

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ \_\_\_\_\_
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, **it must be enclosed**  
with this claim form. \$ \_\_\_\_\_
- d. If balance is zero, insert "None." \_\_\_\_\_

2. Claim for securities as of **December 11, 2008**:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

YES NO

a. The Broker owes me securities X \_\_\_\_\_  
valued at \$433,624.65 as of November 30, 2008.  
b. I owe the Broker securities \_\_\_\_\_  
c. If yes to either, please list below:

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
-------------------------------------	------------------	------------------------------	-----------------------------

Please see the attached supporting documentation and accompanying letter

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

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	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	<u>  </u>	<u>  X  </u>
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	<u>  </u>	<u>  X  </u>
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	<u>  </u>	<u>  X  </u>
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	<u>  </u>	<u>  X  </u>
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	<u>  </u>	<u>  X  </u>
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	<u>  </u>	<u>  X  </u>
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.	<u>  </u>	<u>  X  </u>

Please list the full name and address of anyone assisting you in the preparation of this claim form: Deborah Clark-Weintraub, Whatley Drake & Kallas, LLC, 1540 Broadway, 37th Floor, New York, New York 10036

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CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date February 20, 2009 Signature Susan Layton  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

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Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201